

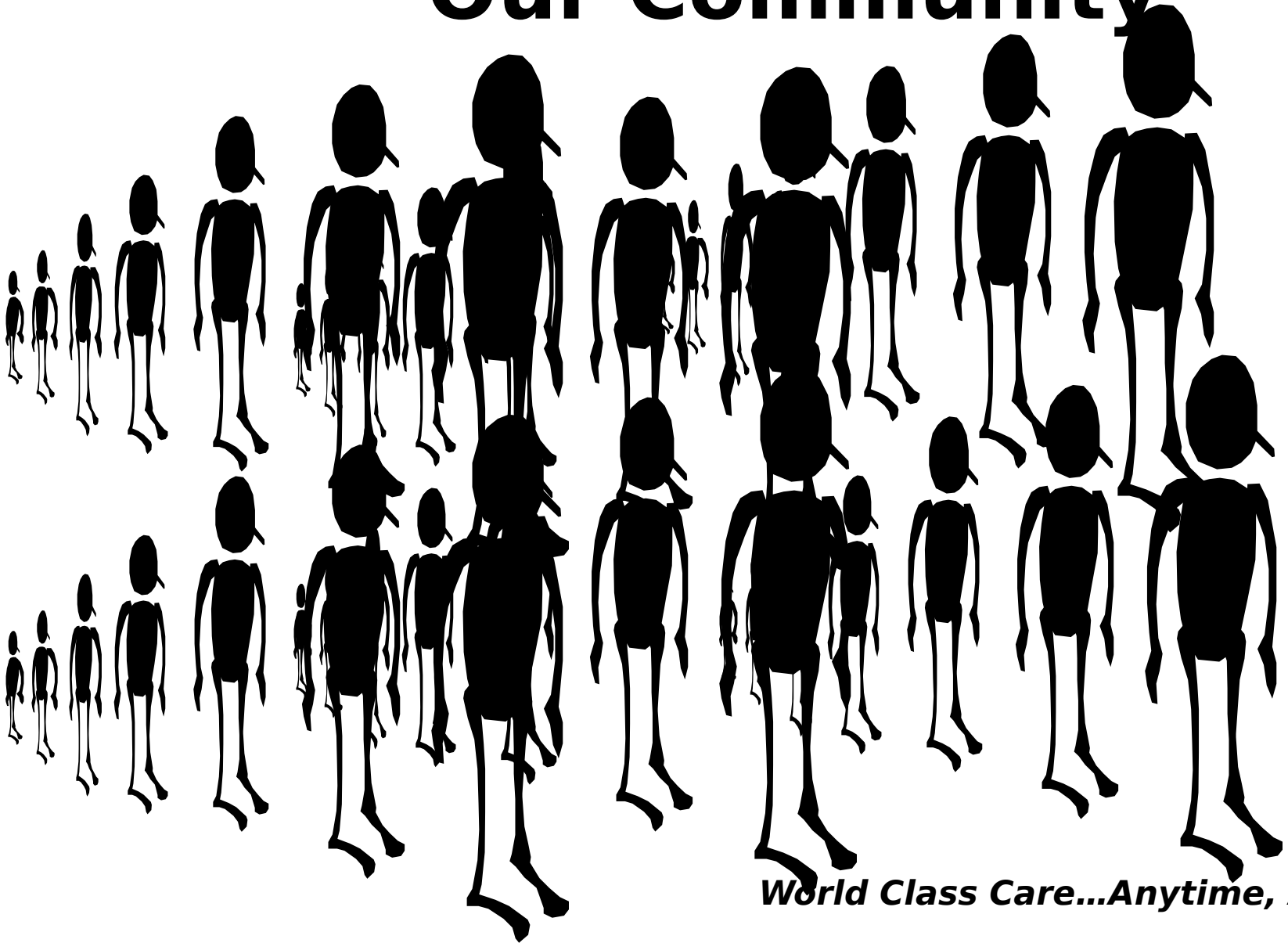


Medical Corps Update

Sandra A. Yerkes
CAPT, MC, USN

Deputy Chief, Navy Medical Corps
March 2006

Our Community



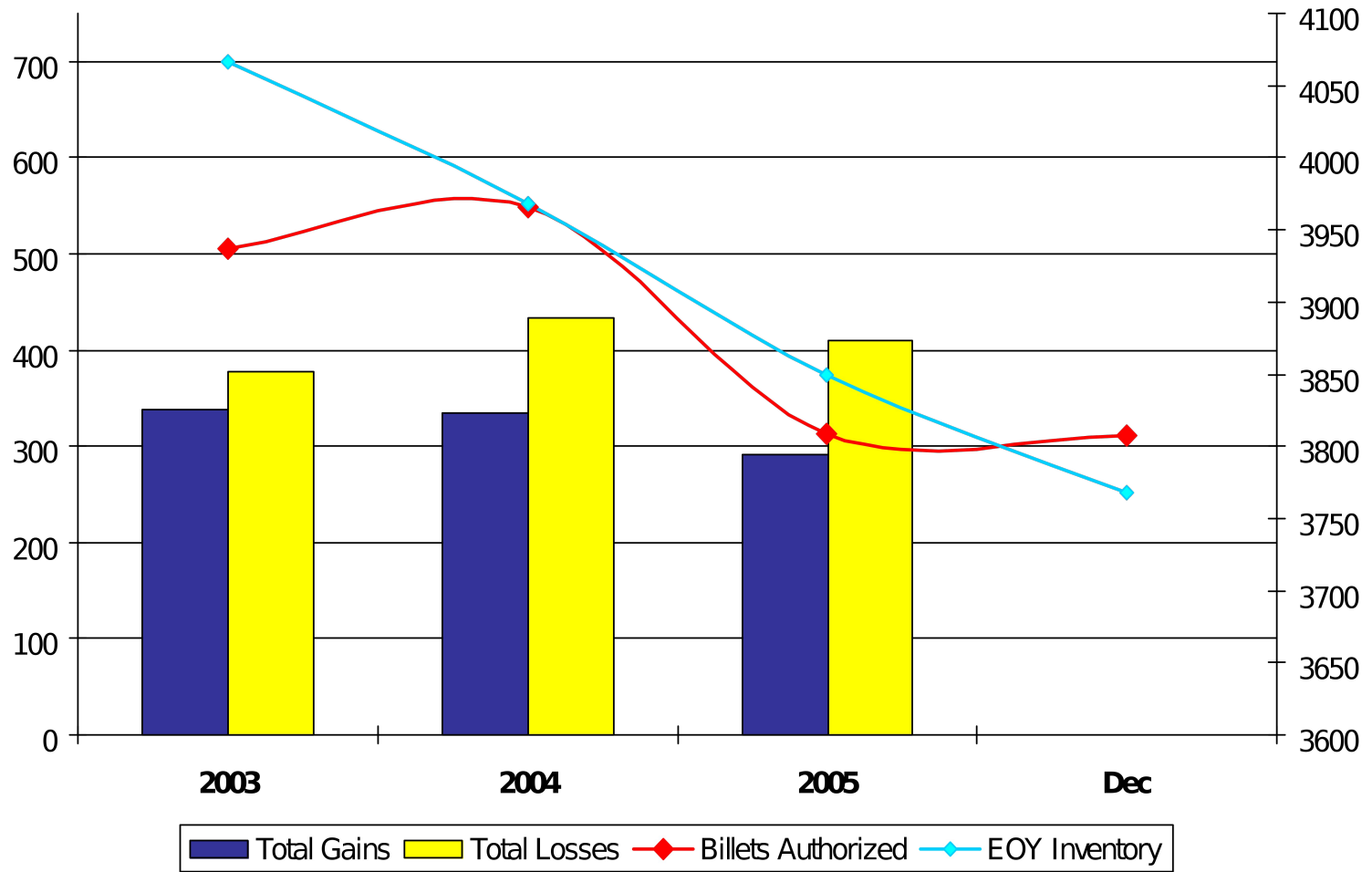
World Class Care...Anytime, Anywhere

Medical Corps Stats

(as of 30 Dec 2005)

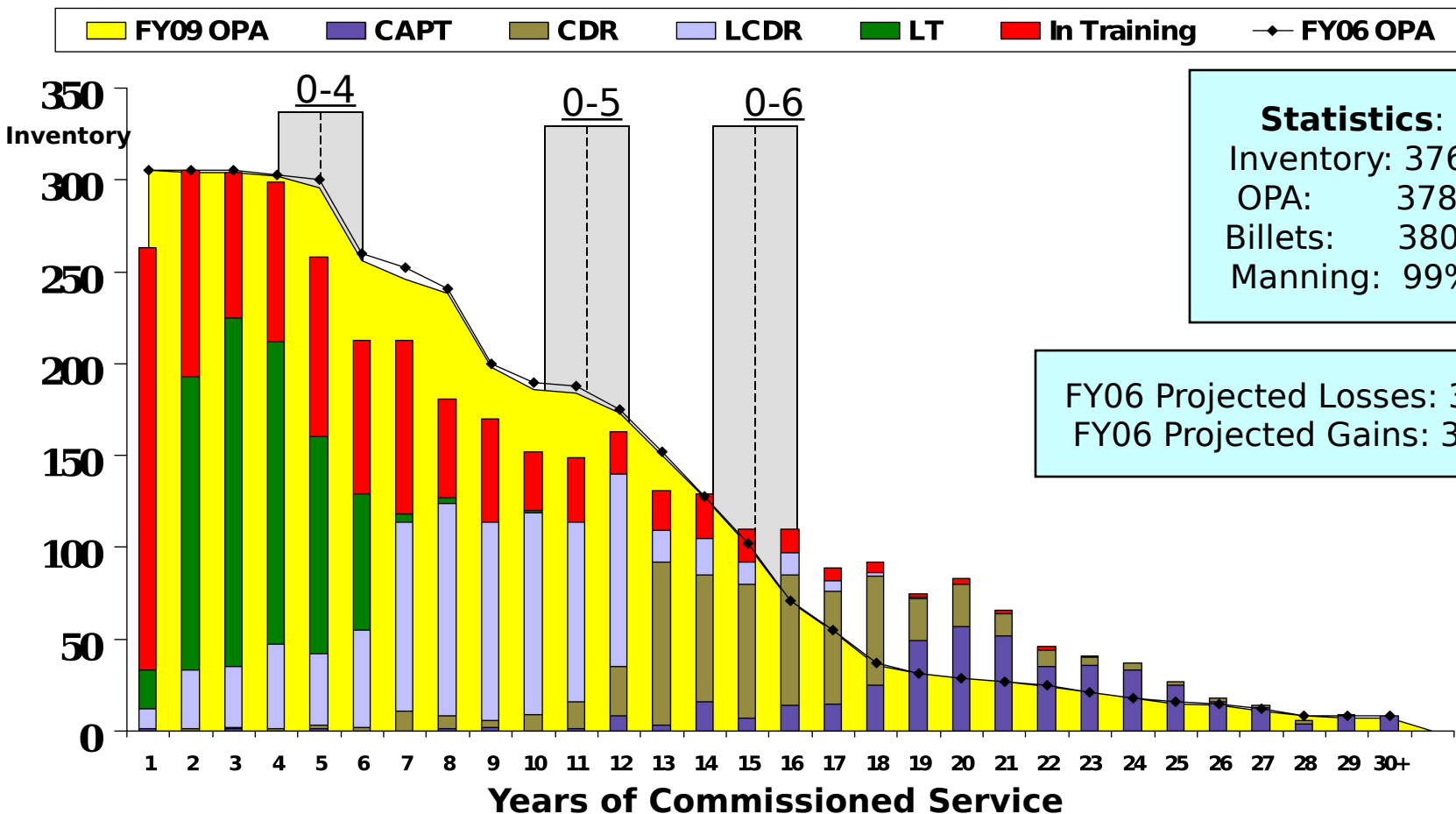
- Total Officers as of Dec 2005 = 3768
 - Staff - 2677
 - Training - 1091
- Funded Billets - 3807
 - Staff - 2706
 - Training - 1091
- Percent Manned – 99%

Medical Corps Force Structure *FY03 - FY05*



Medical Corps

By Years of Commissioned Service



Specialty Statistics

(as of 31 Dec 2005)

Specialty	Inventor y	Billets +FS	% Manned	OSA	Continua tion Rates
Flight Surg	247	238	103.8	305	
RAM	58	72	80.6	9	60%
Anes	112	138	81.2	181	5%
Gen Surg	178	203	87.7	207	16%

Specialty Statistics

(as of 31 Dec 2005)

Specialty	Inventor y	Billets +FS	% Manned	OSA	Continua tion Rates to 20 y
Neuro Surg	13	15	86.7	25	8% Proj
OB/GYN	108	110	98.2	92	10%
GMO	355	265	134	643	
Ophth	55	45	122.2	32	31%

Specialty Statistics

(as of 31 Dec 2005)

Specialty	Inventor y	Billets +FS	% Manned	OSA	Continua tion Rates
Ortho	125	130	96.2	123	4%
ENT	48	48	100	33	23%
Urology	23	32	71.9	27	17%
Prev Med	34	50	68	44	56%

Specialty Statistics

(as of 31 Dec 2005)

Specialty	Inventor y	Billets +FS	% Manned	OSA	Continua tion Rates
Occ Med	43	41	104.9	10	
PM&R	7	3	233.3		50%
Path	67	67	100	49	34%
Derm	37	40	92.5	19	27%

Specialty Statistics

(as of 31 Dec 2005)

Specialty	Inventor y	Billets +FS	% Manned	OSA	Continua tion Rates
Emerg Med	110	119	92.4	169	22%
Fam Prac	367	421	87.2	369	29%
Int Med	250	251	99.6	340	19%
Neuro	30	25	120	20	27%

Specialty Statistics

(as of 31 Dec 2005)

Specialty	Inventor y	Billets +FS	% Manned	OSA	Continua tion Rates
UMO	66	95	69.5	83	
RUM	6	0	N/A	14	
Peds	152	131	116	68	20%
Nuc Med	3	2	150	0	29%

Specialty Statistics

(as of 31 Dec 2005)

Specialty	Inventor y	Billets +FS	% Manned	OSA	Continua tion Rates
Psych	94	99	94.9	82	27%
Diag Rad	76	98	77.6	47	9%
RAD Onc	10	10	100.0	0	13%
GME	1091	1055	103.4		

Update: Recruiting

Medical Corps Recruiting Statistics

FY01 - FY06 Recruiting Goal vs. Attainment

	FY-01			FY-02			FY-03			FY-04			FY05			FY-06	
	Goal	Attain	%	Goal	Attain	%	Goal	Attain	%	Goal	Attain	%	Goal	Attain	%	Goal	*Attain
Medical Corps																	
DA/RECALL	20	18	90%	15	16	107%	12	12	100%	15	10	67%	14	14	100%	15	2
HPSP	300	300	100%	362	346	96%	290	289	99%	265	232	87%	291	162	56%	300	8
FAP	37	19	51%	19	19	100%	28	20	71%	20	8	40%	20	13	65%	20	0

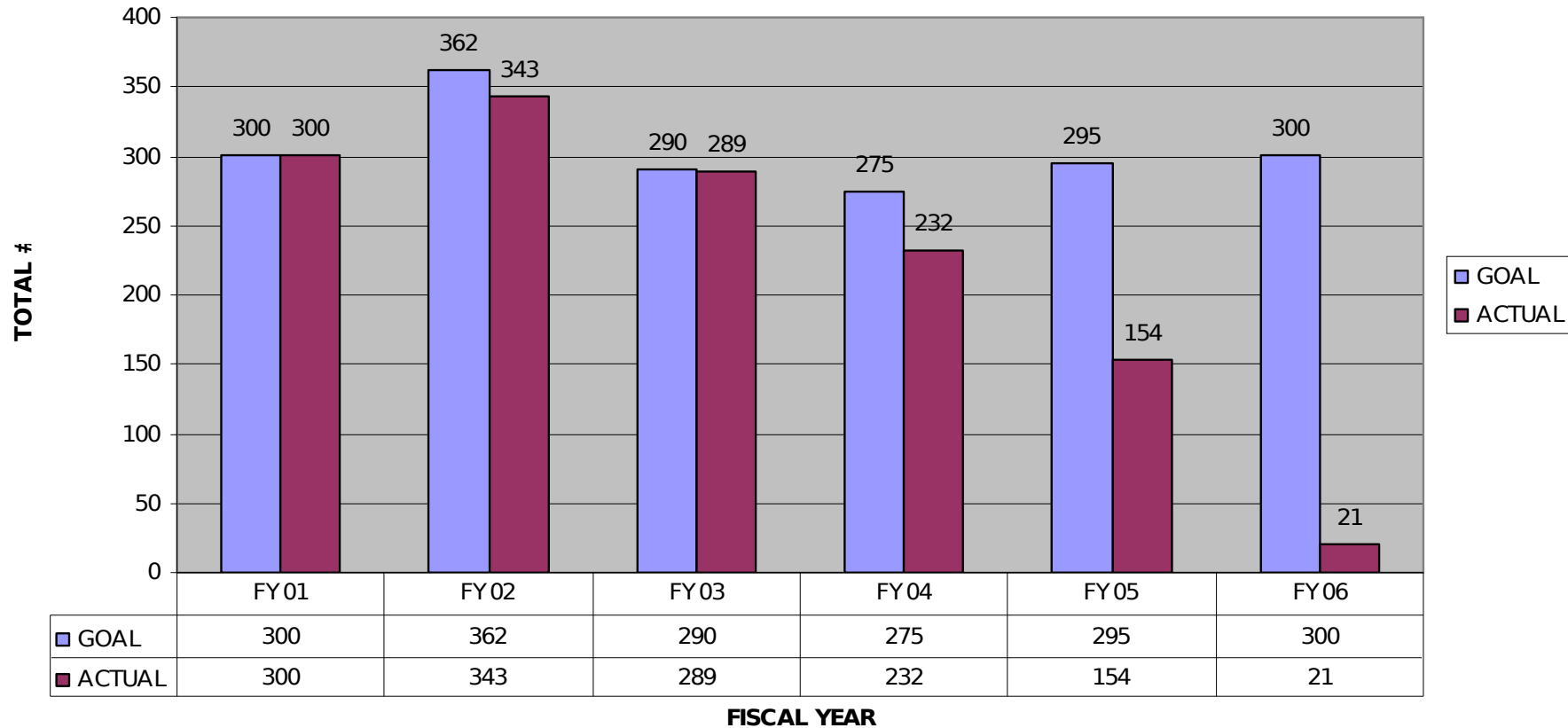
Actions to improve:

- **ULB to start an accession bonus directly to specialty and for HPSP**
- **Enlisted Commissioning Program and HSCP in discussion**
- **Medical Speaker Outreach to schools**
- **Recruit to USU applicants**
- **Decrease need for GMOs**
- **Increase Direct Accessions in the out years**

* FY06 attained to-date as of 13 JAN 06

Medical Corps HPSP Statistics Goal VS Actual

TOTAL GOAL VS. ACTUAL ACCESSIONS



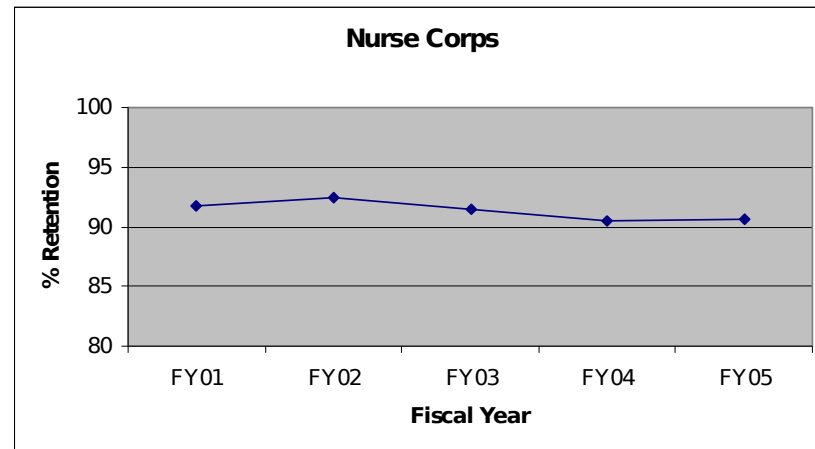
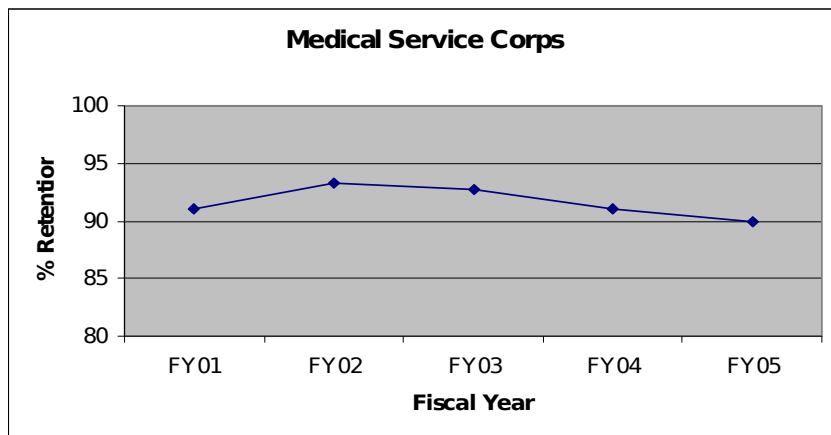
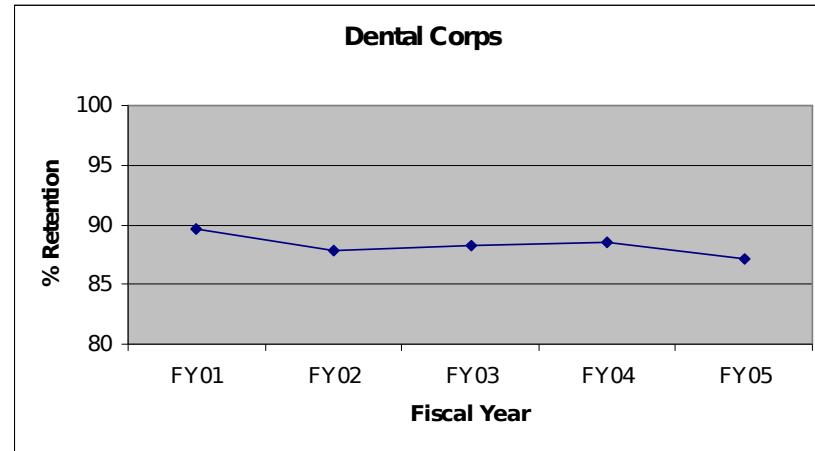
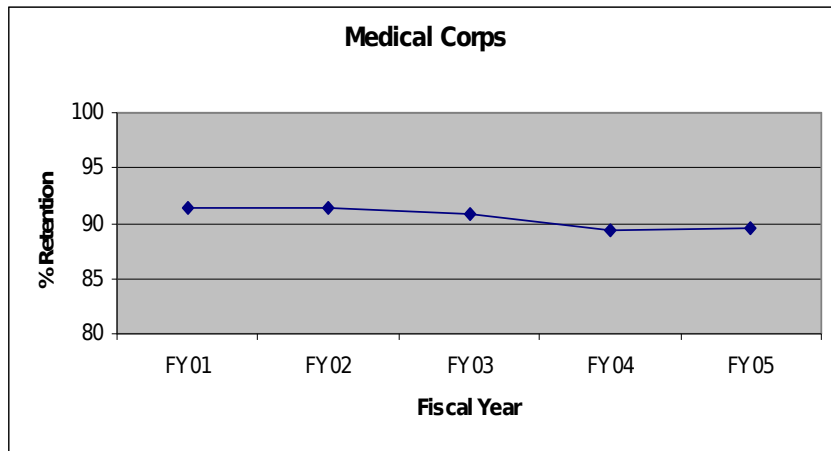
Medical Recruiting Statistics

FY02-06 Recruiting Goal vs. Attainment

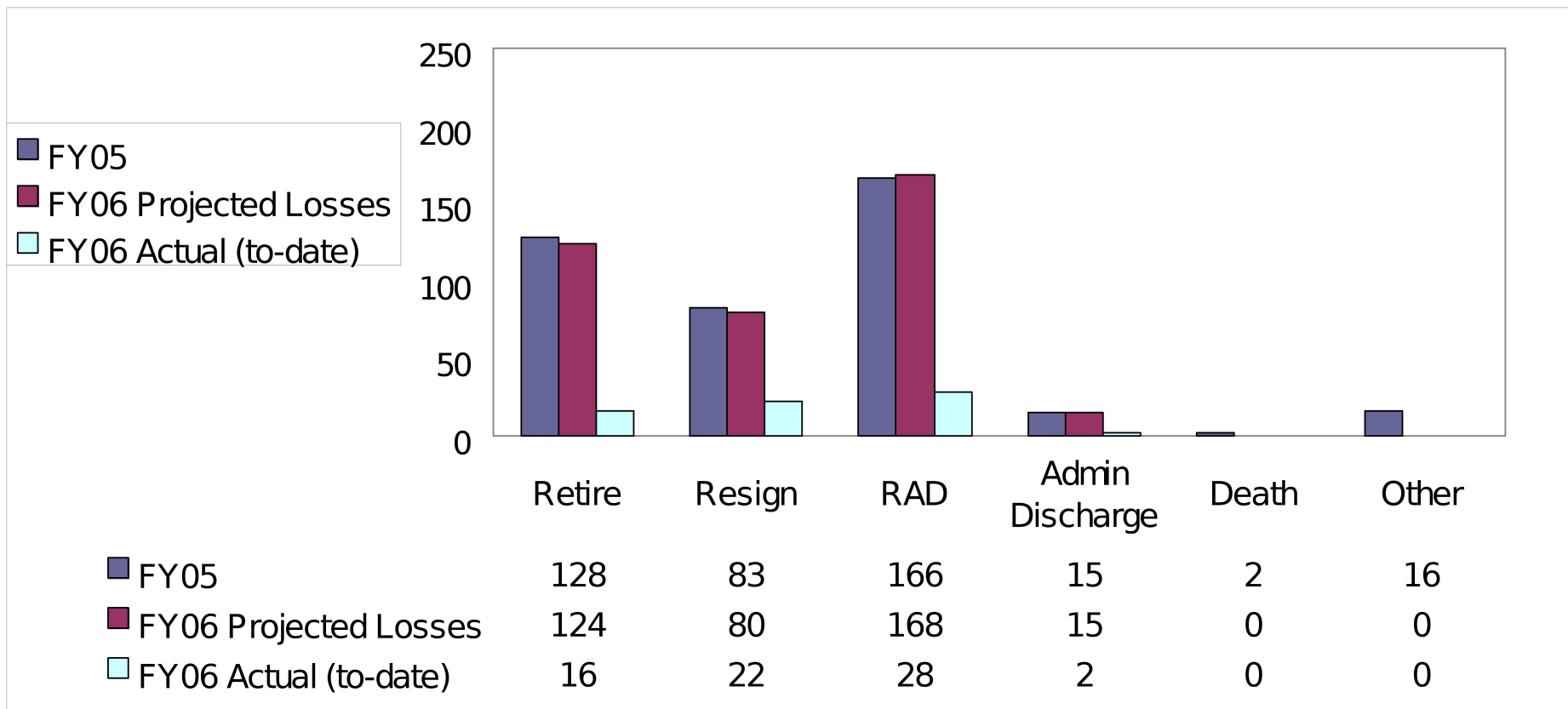
	FY-02			FY-03			FY-04			FY05			FY-06		
	Goal	Attain	%	Goal	Attain	%	Goal	Attain	%	Goal	Attain	%	Goal	*Attain	%
Medical Corps															
Direct Accession/Recall	15	16	107%	12	12	100%	15	10	67%	14	14	100%	15	1	6%
Pipeline Programs	388	365	94%	318	309	97%	285	240	84%	311	175	56%	320	25	8%
Dental Corps															
Direct Accession/Recall	20	17	85%	31	13	42%	25	10	40%	15	9	60%	15	2	13%
Pipeline Programs	101	93	92%	111	99	89%	134	121	90%	117	91	78%	111	12	11%
Medical Service Corps															
Direct Accession/Recall	109	95	87%	80	80	100%	101	94	93%	70	49	70%	80	17	21%
Pipeline Programs	73	72	99%	44	44	100%	32	31	97%	45	45	100%	49	23	47%
Nurse Corps															
Direct Accession/Recall	90/90	90	100%	73	73	100%	91	64	70%	99	57	58%	116	18	16%
Pipeline Programs	55/55	55	100%	55	55	100%	55	55	100%	55	55	100%	55	38	69%

*** FY06 attained to-date as of 10
JAN 06**

Active Duty Medical Department Retention Rates



FY06 Medical Corps Losses



- **FY05 Losses = 410**
- **FY06 Projected Losses = 387**

Critically Undermanned Specialties by Corps

Medical Corps • Anesthesia - 86% • Emergency Medicine - 92% • Surgery - 90% • Urology - 72% • Preventive Medicine - 74% • Family Practice - 91% • Diagnostic Radiology - 79%	Dental Corps • General - 85% • Prostodontist - 77% • Oral Surgery - 72%
Medical Service Corps • Clinical Psychology - 87% • Pharmacy - 88% • Physician Assistant - 96%	Nurse Corps • Critical Care - 57% • Nurse Anesthetist - 83%

Updates:

- **Military to Civilian Conversion**
- **OSA and Billet File**
- **OP Tempo and Deployment Frequency**
- **Surgeon general's Priorities**
- **Unit Type Commands (UTCs)**
- **Good News!!**
- **Rumors**

Update:

PBD 712 Military to Civilian Conversion

Program Budget Decision 712

Military Conversions by Corps

	<i>FY05 (PBD 712)</i>	<i>FY06 (POM 06)</i>	<i>FY07-FY11 (POM 06)</i>		<i>FY05-FY11</i>
PAO	4	1	0		5
CHAP	6	0	0		6
2XXX	3	0	0		3
MC	148	4	60		212
DC	106	52	137		295
MSC	185	3	132		320
NC	84	5	35		124
Total Officer	536	65	364		965
NON-MED	2	0	2		4
HM	996	100	2,303		3,399
DT	238	50	759		1,047
Total Enlisted	1,236	150	3,064		4,450
Grand Total	1,772	215	3,428		5,415

FY06 NDAA, Sec 744

- **Overview**

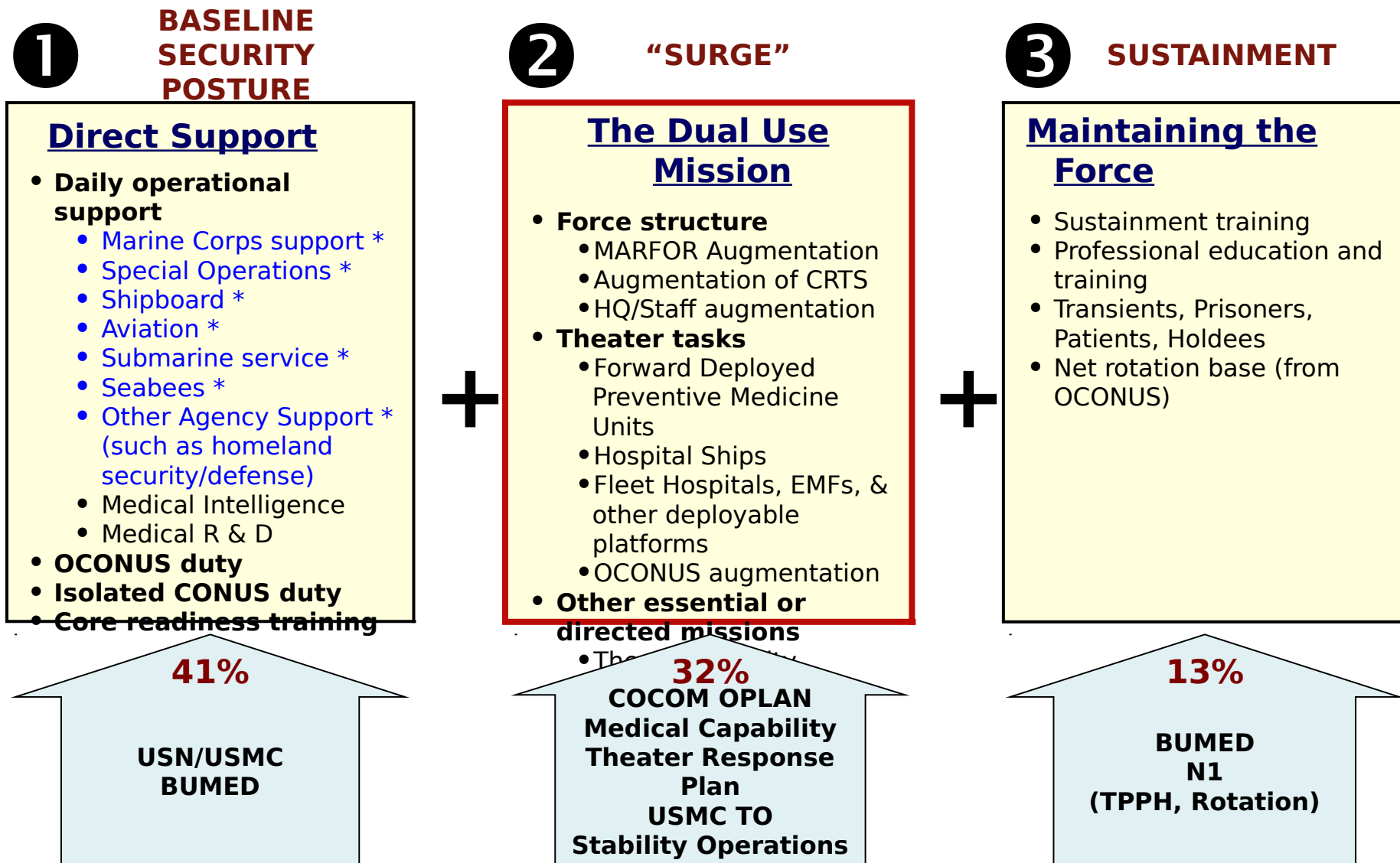
- **Service Secretary may not convert any medical/dental position to civilian medical/dental positions until the Secretary submits to HASC/SASC a *certification that the conversions will not increase cost or decrease quality of care or access to care.* Certification can not be submitted until before 1 Jun 06.**
- **Want to be sure that care is not degraded by the process**

Update:

OSA and MC Billet file

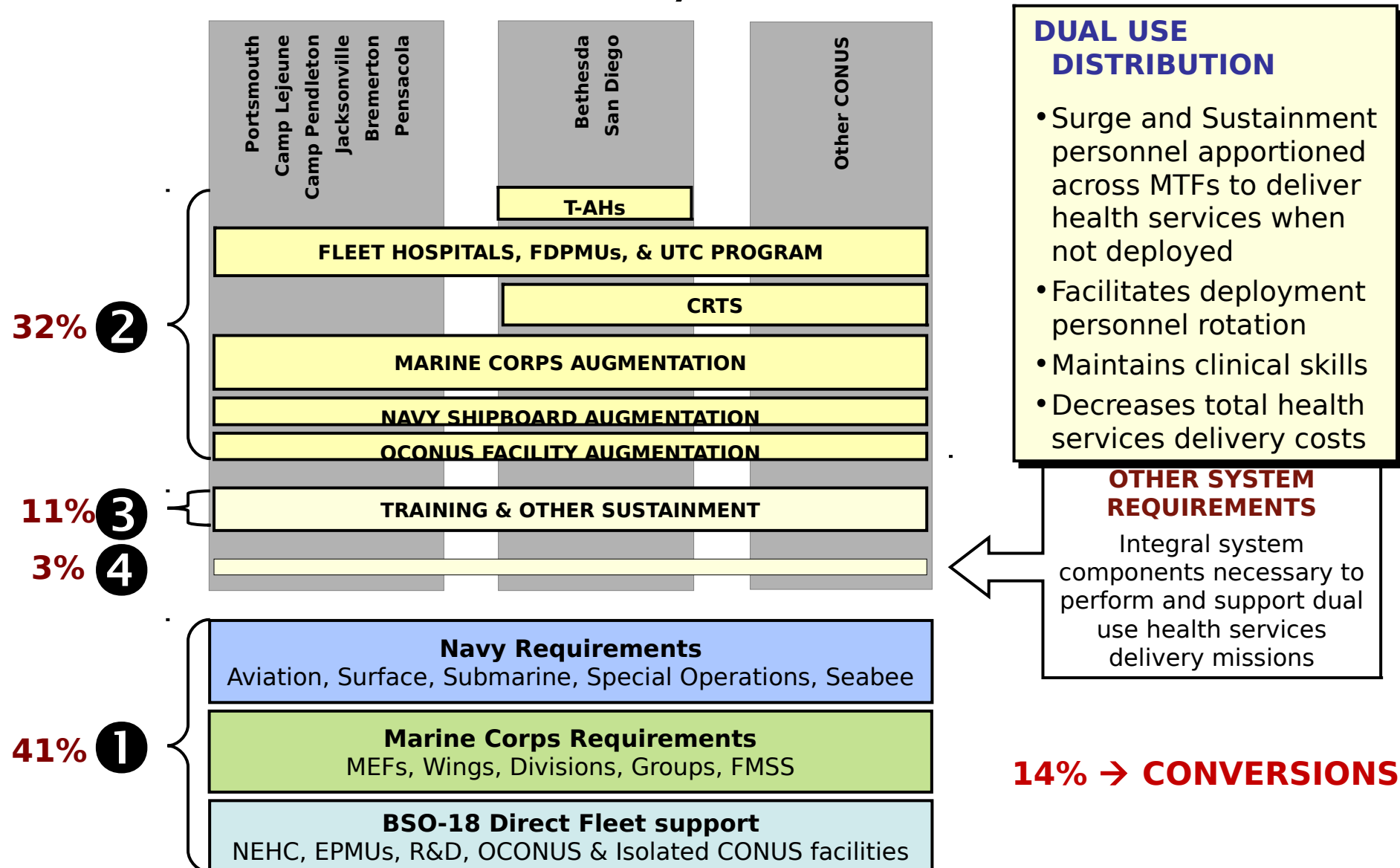
Demand Signal

Operational Support Algorithm (OSA)



Manpower Distribution

Dual Use / Dual Value

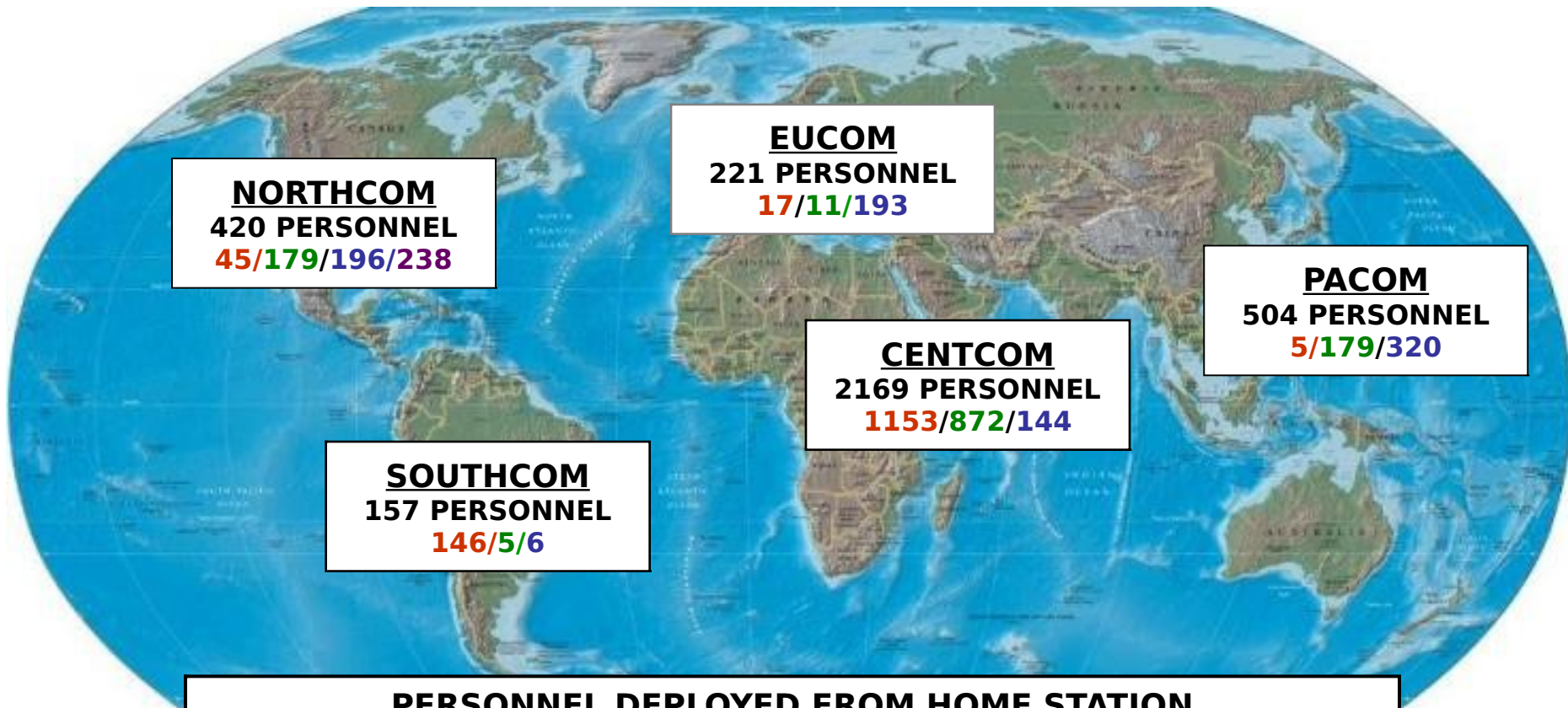


Update:
Op Tempo and
Deployment
Frequency



Status of Navy Medicine

Current Exercises and Operations



PERSONNEL DEPLOYED FROM HOME STATION

BUMED (RED)	1,366
MARFOR (GREEN)	1,246
FLEET (BLUE)	859
RESERVE (PURPLE)	238
TOTAL:	3,709

TOTAL MEDICAL PERSONNEL

	<u>Deployed</u>	
<u>Inventory</u>		
Active	3,471	31,845
Reserve	238	8,570
Total	3,709	40,415

Active Component (AC) Medical Manning Status

	Authorized	Inventory	Currently Deployed	Previously Deployed	USMC Assigned	Fleet Assigned	Future OIF 06-08*
Nurse	2,897	2,762	122	1,555	10	113	238
Medical	2,758	2,787	117	1,276	285	383	148
Medical Service	2,418	2,494	71	613	155	399	117
Dental	1,104	1,022	14	76	195	123	14
Total	9,177	9,065	324	3,520	645	1,018	517

Specialty Op Tempo

- General Surgery: 182 inv / BA 202 / 17% three yr ave loss rate
 - Deployable CONUS and OCONUS (BSO 18) specialists: 136
 - Every surgeon can expect to deploy at least once in a 3 year period and those rolling from a carrier tour can expect at least 2 deployments in 3 years
- Emergency Medicine: 110 inv/ BA 119 /15% three yr ave. loss rate
 - Deployable CONUS BSO 18 specialists: 90
 - 35 physicians deployed out of 110 since 2004
- Anesthesia: 119 inv/BA 139 /19% three yr ave loss rate (25/year)
 - Deployable CONUS BSO 18 specialists: 94
 - 60% of the community has deployed for 90 or more

Currently Deployed from BSO

18

as of 16 Mar 06

Specialty	Total
Family Practice	35
General Surgery	24
Emergency Medicine	17
Anesthesia	13
Psychiatry	12
Orthopedic Surgery	11
GMO	9
Flight Surgery	8
Internal Medicine	23

Specialty	Total
Pediatrics	6
Ob/GYN	3
Radiology	2
Pathology	2
Prev Med	2
RAM	1
UMO	1
Urology	1
Total	170

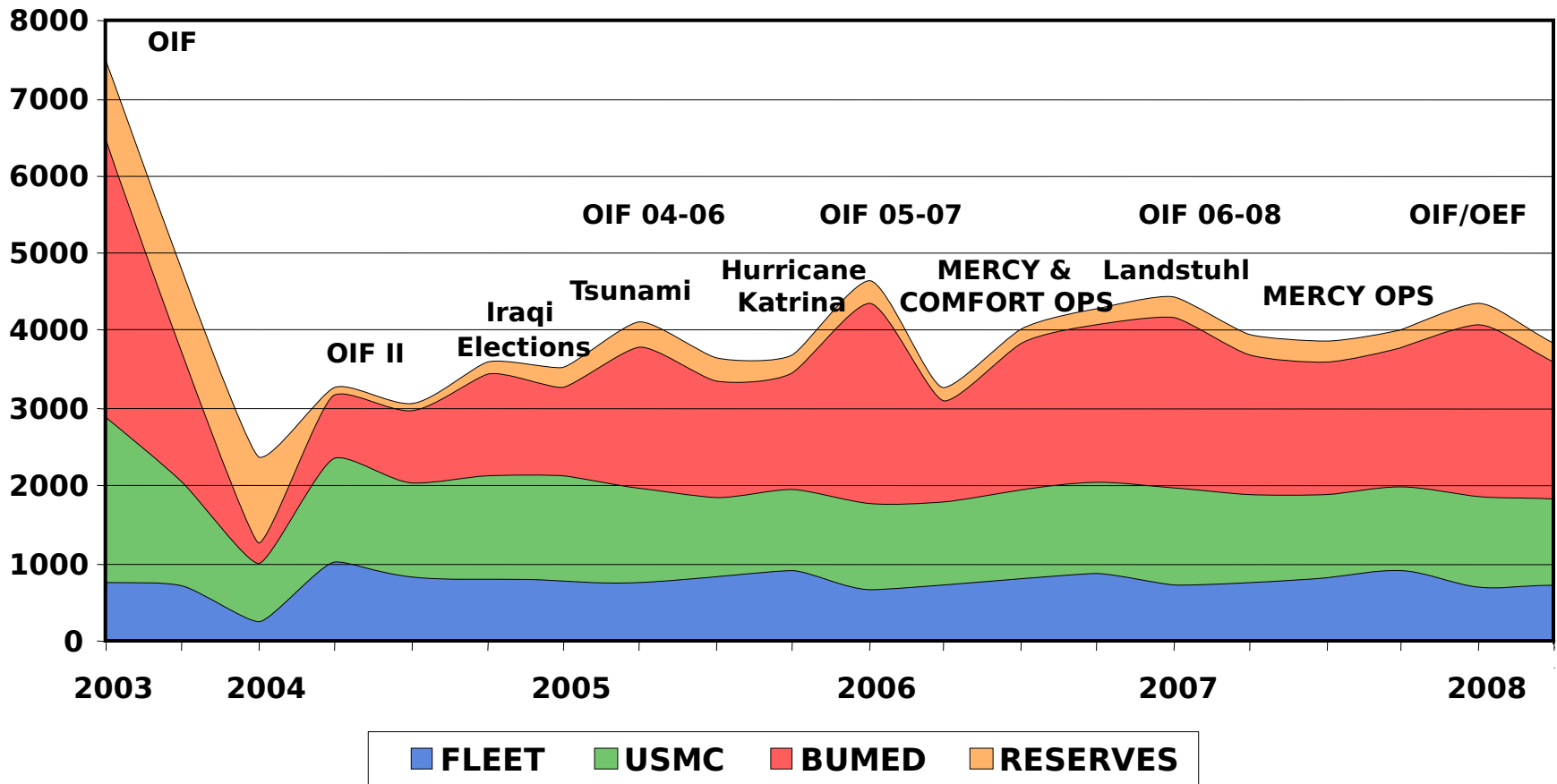
Critically Manned Subspecialties: Medical Corps

Specialty	BA	EOY Inventory	% Manned	Losses	Loss Rate
Anesthesia	139	119	86%	17	14.53%
Surgery	202	182	90%	24	12.90%
Urology	32	23	72%	9	31.03%
Preventive Med	47	37	74%	7	17.07%
Family Practice	417	380	91%	61	15.06%
Diag. Radiology	97	77	79%	20	24.39%

Data as of 30 SEP 05, BUMIS, M1C1

% Manned = Net Inventory/BA Loss Rate = Losses/Beginning Inventory

Navy Medicine Operations *and Operational Projections for 2003-2008*



OIF/OEF Casualties: 14 KIA & 233 WIA

Update: Surgeon General's Priorities

Navy Medicine's Priorities for 2005

- 1. Readiness - Aligned and Agile**
- 2. Quality, Economical Health Services**
- 3. Shaping Tomorrow's Force**
- 4. One Navy Medicine**
- 5. Joint Delivery of DoD Health Services**

Navy Medicine's Priorities for 2006

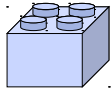
- 1. Customer Focus**
 - 2. Care for those deployed -
fitreps and awards**
 - 3. Mentor juniors**
 - 4. Talk up our superb quality of
care and our deployments**
 - 5. Regions are empowered**
- The SG is proud of what you do !!**

Update:

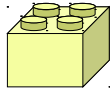
Unit Type Codes (UTCs)

Deployment Modularity

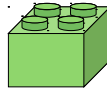
Surgery Suite



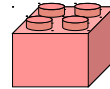
Intensive Care



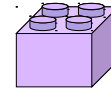
Intermediate Care Ward



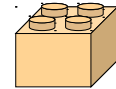
Extended Care Ward



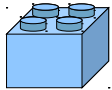
Specialty Care



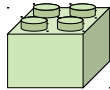
Preventive Medicine



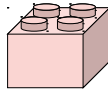
Patient Admin



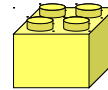
Primary Care



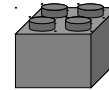
Ancillary Services



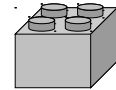
Dental Care



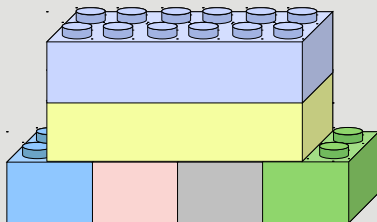
Base Ops



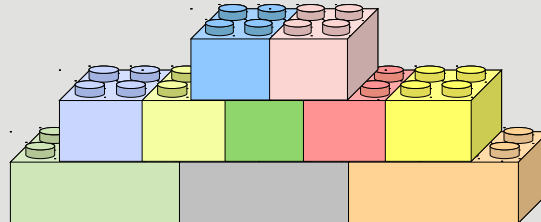
Logistic Support



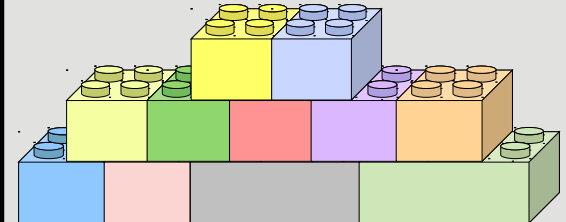
Combat Casualty Care



Humanitarian Assistance

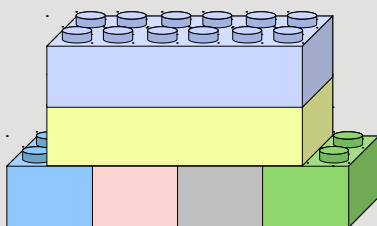


GWOT Homeland Security

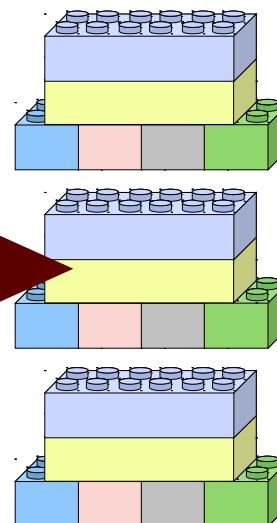


Deployment Flexibility

Combat Casualty Care



Mission Extension



Extended
Care Ward

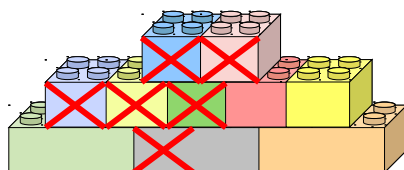
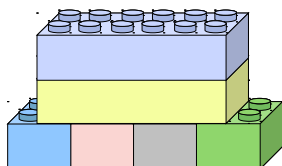


Primary
Care



Base
Ops

Mission Expansion



Humanitarian Assistance

Increased Combat Support

Advantages of Modularity

- Mission flexibility
- Interchangeability
- Easier to resupply and modernization
- Logistic shaping for minimal footprint

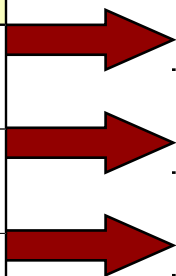
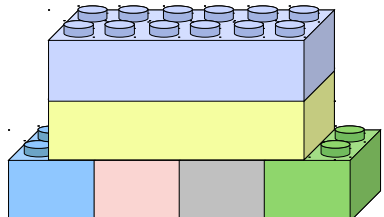
Building Block Staffing

Method for deriving the OPA

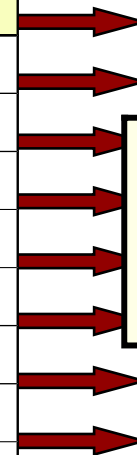
**Surgery Suite
Only**



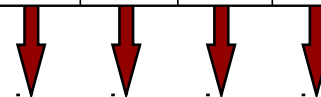
Skill Level	MC	NC	H M
Apprentice E1-E3/O1-O2			X
Journeyman E4-E6/O3-O4	X	XX	XX
Master E7-E9/O5-O6	X	X	X

Force Structure	M C	NC	H M	GS
GS/Contract				XX
E1-E3			XX	
E4 / O1			XX	
E5 / O2			X	
E6 / O3		X		
E7 / O4	X	X	X	
E8 / O5	X	X		
E9 / O6	X			



**Recruit
Train
Retain**



**Officer - Enlisted - Civilian
Personnel Allocations**

While not deployed, these personnel serve their dual value functions of delivering health services to decrease total system costs while maintaining deployment readiness.

Update:
Good News!!

Graduate Medical Education: Better than ever!

- **Training programs are not shrinking.**
- **Training billets have not decreased.**
- **38 Programs have 5 year accreditation (67%).**
- **4 Programs have one year accreditation.**
- **Exceed the National Board Certification rate.**
- **Trying to decrease the need for GMOs.**



Navy Physicians Healers to the World!

- **Deployed around the world on TAH, Fleet Hospitals, and Individual Augments**
- **Deployed for Tsunami Relief- Jan 05, Katrina Relief - Aug 05, Djibouti**
- **Give back to the world at a time of national challenge.**
- **International and Joint Medical Operations**

“Navy Medicine Team”

- **Share the common goal of excellent medical care.**
- **Generous TRICARE Benefit - the best in the world.**
- **Never have to ask how sick someone can afford to be.**
- **JCAHO certified facilities.**
- **Technology connects sites, labs, pharmacy.**

Rewarding Clinical Practice!

- **Wide scope of practice.**
- **Paid malpractice.**
- **Unmatched trauma and operational experiences.**
- **Autonomy, personal growth, increased responsibility at junior career stages, which prepares one for future career opportunities.**
- **Collaboration with corpsmen, nurses and clinical experts.**

We have a Culture of Learning and Participation

- **Opportunities for medical and non-medical education.**
- **Senior Consultants available.**
- **Opportunity to travel and learn about other cultures.**
- **Impact the culture through participation.**

Reinvent Yourself - Have FUN!

- **Career Tracks in Aerospace, Undersea, Research, Academic, Executive, Shipboard, and Field environments**
- **Changing tracks does not risk pay or seniority.**
- **Can play with BIG Toys - high performance aircraft, weapon and delivery systems, etc.**

Rumors

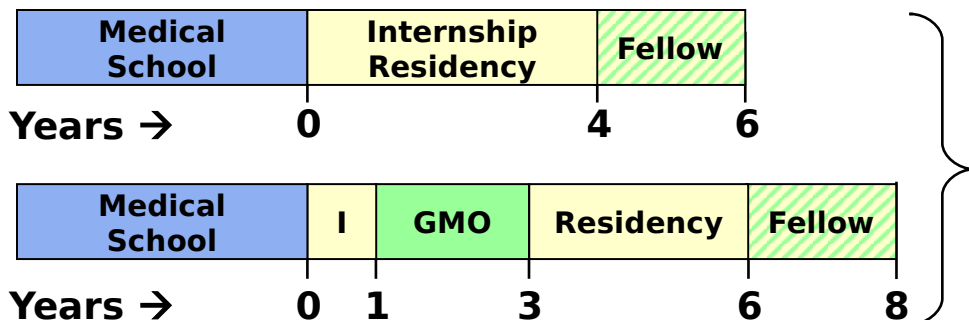
- Promotion Opportunity
- BUMED Reorganization:
 - OOM - Special Assistants
 - M1 - Personnel
 - M2 - Support Command
 - M3 - Operations
 - M4 - Logistics
 - M5 - Future Operations
 - M8 - Comptroller
- Unified Command - FY08
- Future of GME - excellent
- Dental/Medical Integration - completed
- Health Professions Loan Repayment - yearly offerings
- Manpower Personnel Training and Education (MPT&E) - will be running 1 October 2006

Regrets from RDML Robinson

- GME and Research are ESSENTIAL to the health of the Medical Corps. We are pledged to that tradition and the maintenance of quality education and training. I pledge to you that we will maintain the right balance of GME and Research in Family Practice.
- Though there are some difficult times coming in the future, they don't determine the final outcome. Through our commitment and vitality, we will be successful.

Questions?

Medical Corps Life Cycle



Physician career training alternatives

- All physicians must receive internship and residency training (range: 3-7 years)
- Many specialties require fellowship training
- Clinically productive career begins after completion of training

Rank structure should be flattened...

- **Increased seniority gives more clinically experienced workforce**
 - Better clinical outcomes
 - More rapid disposition → return to duty
 - Reduced medical errors
 - Better leadership of MTFs and operational commands
- **Retention decreases 'churn' and increases net value of accessions**

